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NEW YORK STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

RECORD OF DEATHS



CHAPTER 661 OF LAWS OF 1893.

SECTION 23. * * * * * * Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. * * * * * * *

CHAPTER 138 OF LAWS OF 1897.

SECTION 22. * * * * * * The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such * * death * occurred.

The undertaker should secure the complete filling out of the last portion of this certificate by the head of the family, or other responsible friend, and should then obtain the medical certificate from the attending physician.

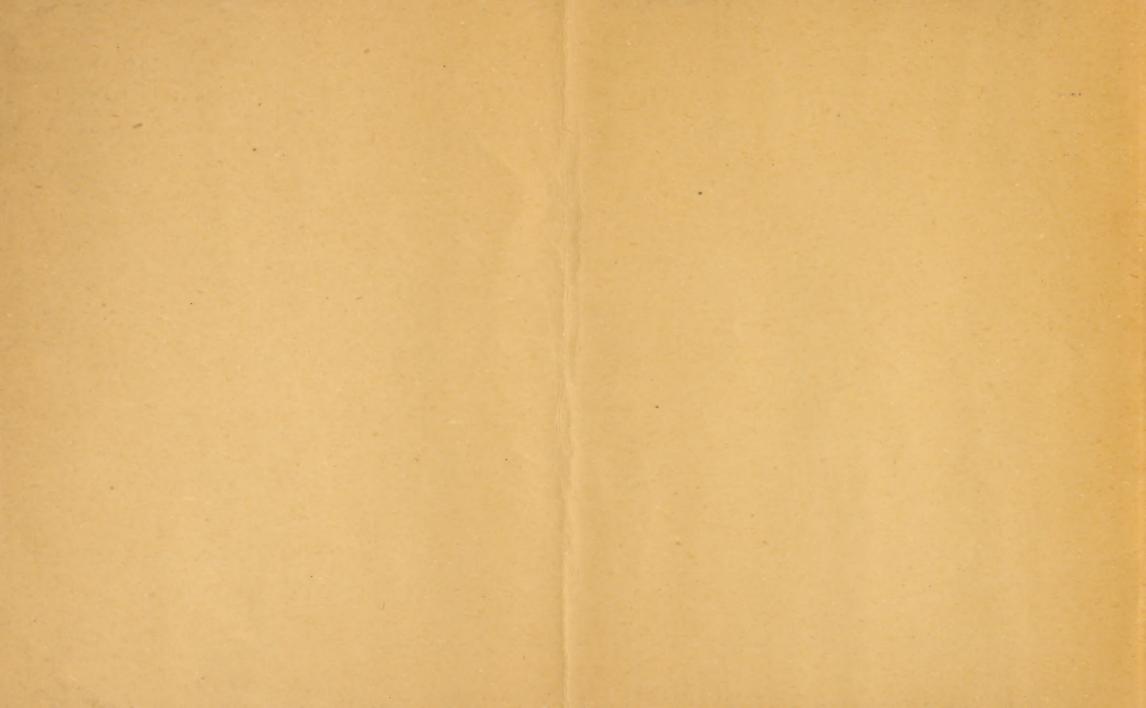
No permit shall be issued by the local board of health or its representatives for the burial or removal of a corpse until the certificate or affidavit has been presented and is properly and correctly filled out.

The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

NOTE.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This Certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 5th of the next month.

Ink must be used in filling out certificates. Use great care in writing proper names, dates and places.



Full Name of	Deceased,			*********	**********				
	Years.	Mon	ths.	Da	ys.				
Age				************		***********			
Sex		**********	*******	*********					
Single, Marri	ed, Widowed	or Di	vorced,						
Occupation,									
Birthplace,			(State	or Cou	ntry)	***************************************			
Color,	***************************************				**********				
Father's Nam	ie,				************				
Father's Birth	nplace,			**********	******	\$ \$\$\$\$\$ \$6.00 BERRETHE	************		
Mother's Nar	ne,					***********	*********	*********	
Mother's Birt	thplace,			**********			************		
Place of Deat	h,								
77 - 1 T	Resident here,	Years.	Months.	Days.	How long the Unit	gin Years ted	Months.	Days.	
Date of Deat	ch,		**********			***********	***********		
Reported by.		*******							
Date,	******************			********	************				
Chief Cause o	of Death,			· exact connection	**********				

Certified by		**********	***********		Me	dical Att	endant.	M. D.	
Buried at				********				*********	
Ву	***************************************		*************				, Unde	rtaker.	
Residence,	************************		***********						
POP This at	wh will not he m	nantuni	1 00 0 00	etificat	e of deat	h			

County of		STATE	of New	YORK—BU	REAU OF	VITAL STAT	TISTICS
Village of City of	e of Decea			ate and Re	ecord of	Death	Registered No.
(If an infant not	named give family	name.)		***************************************			
I hereby c	ertify that I	attended decea	sed from		190	.to	190
that I last s	awa	live on the	***************************************	day of			thatdie
							M. or P. M., and
that to best	of my knowled	dge and belief,	the cause of	ofdeath	h was as here	under written.	Duration of Disease
Chief Cause,	,						
Contributing	g cause,	*************************	************************	***************************************		***************************************	
Canitary Ol	bservations,						
	Wi	itness my hand				190	
	,			***************************************		*************************	
			************	RESIDENCE,			
Residence,					γ		
Date of Death.	Year.	Month.	Day.	Place of Death.			
Age, in years, mos. and days.			less leg	How long Resident here.			
Sex.				If in an Institution give name and location.		ay gilli-glaine	
Color.	White.	k, [Negro or mixe Indian.	ed.]	How long an Inmate.		open real act	
words not applicable.]	Japanese. Chinese.		Previous Residence.			M.	
Single, Married, Widowed or Divorced.	,			Father's Name.			
Occupation.				Father's Birthplace.		[State or Count	ryĄ
Birthplace.				Mother's Name.			
How long in U. S. if foreign born.				Mother's Birthplace.		[State or Count	ry.]

Section 23. * * * * * * Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such corpse to be enclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

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SECTION 22. * * * * * * The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such * * * death * * occurred.

The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

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MANY YOUR—BUREAU ON VITAL STATISTICS
REPORT OF DEATH

All and the state of the state

and the partition of the ball of the first

Full Name of	Deceased,			******************************
-	Years.	Months.	Days.	
Age				
Sex		**************************************		
Single, Marrie	d, Widowed	d or Divorced	,	
Occupation,			***************************************	
Birthplace,		(Stat	e or Country)	************************************
		*		
Father's Birth			*	

	-			
Place of Death	g=*108004860×66660++++0			gin Years. Months. Days
How long a Re	esident here,		the Unit States foreign b	ted
Date of Death	,	*************************		******
				, M. I
Buried at			Med	dical Attendant.
				, Undertake
Residence,			***************************************	
This stul	will not be r	eceived as a ce	rtificate of deat	h.

Village of City of Full Nam (If an infant not	e of Decea	sed,	ertifica	ate and R	ecord of	Death	Registered No.
		ittended deceased					thatdied
							M. or P. M., and
		ge and belief, th					
Chief Cause	,	describer			112		
Contributing	g cause,	***************************************		***************************************			
Place of Bur Date of Bur Undertaker,	Wit rial,	ness my hand th	<i>is</i>		******************************	190	M. D.
Date of Death.	Year.	Month.	Day.	Place of Death.			
Age, in years, mos. and days.	nuciano,	Les peldan n		How long Resident here.		S S S S S S S S S S S S S S S S S S S	
Sex.		January 1		If in an Insti- tution give name and location.	ikai mil	P Tillingerland	
Color.	White. Black,	[Negro or mixed.]		How long an Inmate.	a la facilitary as		
words not applicable.]	Top. Victorial	Japane	chinese.	Previous Residence.	AND THE PARTY AN		
Single, Married, Widowed or Divorced.		to monthly Loyale to the second by		Father's Name.		Dalie of the second	
Occupation.				Father's . Birthplace.		[State or Country	y.*]
Birthplace.				Mother's Name.			
How long in U. S. if foreign born.				Mother's Birthplace.		[State or Country	7.]

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Full Name of	Deceased,		**********	*********				******
	Years.	Mon	ths.	Da	ys.			
Age				***********				******
Sex			**********	******				
Single, Marri	ied, Widowed	or Di	vorced	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Occupation,			********		***********		********	+
Birthplace,			(State	or Cou	ntry)			
Color,								
	ie,							
	hplace,							
	ne,							
	thplace,							
	h,							
race or Dear	.11,				How long		Months.	Days.
How long a R	Resident here,							
Date of Deat	h,	**********			*****			
Reported by.		*******		******		******	*************	
Date,	*************				***************************************			
Chief Cause o	of Death,			RNOCHMETER	****			
********************	***************************************							
Certified by	*************	********	*******	*******	16-3	ical Atte	,	M. D.
Buried at	***************************************			**********				*******
Ву	***********				***************************************		Under	taker.
Residence,	***************************************	******						******
This at	uh will not he r		00000	rtificat	a of doath			

County of		STATE	of New	YORK-BU	JREAU OF VITAL STA	TISTICS
						Registered No.
Village of			Ler (III)	ale allu ni	ecord of Death	
City of		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
Full Nam	e of Deceas	sed,	************************			***************************************
I hereby o	certify that I a	ttended deceas	sed from	***************************************	190to	
					190,	
on the	***********************	day of	7700 #### #############################	190	, abouto'clock A.	M. or P. M., and
that to best	of my knowled	ge and belief,	the cause of	ofdeat)	h was as hereunder written.	Duration of Disease
Chief Cause	,					
Contributing	g cause,	*****************************	*****************	**********************		
Sanitary O	bservations,					
	Wit	ness my hand	this	day of		
Place of Bu	rial,		****	(SIGNATURE),		
Date of Bur	ial,			***************************************		M. D.
Undertaker,	J. C.			RESIDENCE,		
Residence,	***************************************					***************************************
Date of Death.	Year.	Month.	Day.	Bi (B		
Date of Death.		151.20 24	41.70 8	Place of Death.		
Age, in years, mos. and days.	Medino			How long Resident here.	e e e un monde	
Sex.				If in an Institution give name and location.	. Asia trada qui qui agrica	
Color.	White. Black,	[Negro or mixed	1.]	How long an Inmate.	and and amount of a late	
words not applicable.]			Chinese.	Previous Residence.		
Single, Married, Widowed or Divorced.				Father's Name.		4
Occupation.				Father's Birthplace.	[State or Count	ryĄ
Birthplace.				Mother's Name.		
How long in U. S. if foreign born.				Mother's Birthplace.	[State or Count	ry.]

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Full Name of	Deceased,	*************	*********		*********	*******	
	Years.	Months.	De	lys.			
Age		**********************					
Sex	******	************		***************************************			
Single, Marri							
Occupation,	*****************	*****************	*********	***************************************			
Birthplace,	***************************************	(Stat	e or Cou	ntry)			
Color,	***************************************						
Father's Nam	ie,	***********	*********	************			
Father's Birth	iplace,	***********	******				
Mother's Nar	ne,		********		*******		***********
Mother's Birt	thplace,		*********			********	
Place of Deat	h,	*****************	******	***		***********	*******
How long a R	Resident here,	Years. Months.					
Date of Deat							
Reported by				******************			
Date,		***************************************		****************	*******		
Chief Cause o	f Death,		*********	************			

Certified by							
Buried at			********	Medica			********
Ву	***************************************	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Under	taker.
Residence,	*****************	**********					*******
This st	uh will not he s	construct on a con	*tificat	a of death			

County of		STATE	OF NEW	YORK-BU	JREAU OF VITAL STAT	ISTICS
Town of	***************************************	******	Certific	ate and R	ecord of Death	Registered No.
Village of			o GI (III o	ale allu II	Goord of Death	
City of		0 0 0 0 0 0 0 0				
Full Nam	e of Decea	sed,		***************************************		***************************************
					190to	
					abouto'clock A. I	
that to best	of my knowled	lge and belief,	the cause	ofdeat	h was as hereunder written.	Duration of Disease
Chief Cause	,			The party of the	adhigus us ussign merp	
Contributing	g cause,	***************************************	****************	######################################		
Sanitary O	bservations,	*******************************				
	Wil	tness my hand	this	day of	190	
Place of Bu	rial,		*******	(SIGNATURE)		
Date of Bur	ial,			***************************************		M. D.
Undertaker,	***************************************		*******	RESIDENCE,		
Residence,	***************************************	***********		***************************************	************	
	Year.	Month.	Day.			
Date of Death.				Place of Death.		
Age, in years, mos. and days.	nudino.		and the parties of	How long Resident here.	s = minorate	
Sex.		, barriero		If in an Insti- tution give name and location.	medigality alters such	
Color.	White.	, [Negro or mixed Indian.	d.]	How long an Inmate.	salt task professor mad next	
words not applicable.]	Indian. Japanese. Chinese.			Previous Residence.	and to an alimate and and and alimate and alimate and an artists.	
Single, Married, Widowed or Divorced.		Conce Byon and	to the petr	Father's Name.		
Occupation.				Father's Birthplace.	[State or Countr	y.¶
Birthplace.				Mother's Name.		
How long in U. S. if foreign born.				Mother's Birthplace.	[State or Countr	y.]

Section 23. * * * * * * * Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such corpse to be enclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

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REPORT OF DEATH

The state of the s

	1				
Full Name of Decease					
rear	s. Montale). Da.	y 10-		
Age					
Sex		***********			
Single, Married, Wid	lowed or Divo	rced,			
Occupation,					
Birthplace,		.(State or Coun	try)		ovvessoossemink
Color,					
Father's Name,					
Father's Birthplace,					
Mother's Name,					
Mother's Birthplace,					
Place of Death,					
How long a Resident			the United	Years. Months.	
Date of Death,	***************************************				
Reported by					
Date,					
Chief Cause of Death,	***************************************				
Certified by			Medica	l Attendant.	M.D.
Buried at					
Ву				, Under	taker.
Residence,					**********
This ctub will no	ot he received a	a a contificate	of donth		

County of	*****************	STATE	OF NEW	YORK-BU	REAU OF VITAL STAT	ISTICS
Town of						Registered No.
Village of			Certific	ate and Re	ecord of Death	
City of						
	e of Decea					
I hereby o	ertify that I a	ittended decea	sed from		190to	
that I last s	awal	ive on the	**************	day of		thatdied
					., abouto'clock A. l	
that to best	of my knowled	ge and belief,	the cause	ofdeath	was as hereunder written.	Duration of Disease
Chief Cause	9					
Contributing	g cause,					
Sanitary Ol	bservations,					
	Wit	ness my hand	this	day of	_190	
Place of Bu	rial,			(SIGNATURE),		
Date of Bur	ial,			***************************************		M. D.
Undertaker,	***************************************	*******************	*******	RESIDENCE,		
Residence,	***************************************	******************************	0.0440.00	*****************		
Date of Death.	Year.	Month.	Day.	Place of Death.		
Age, in years,		-		How long		
Age, in years, mos. and days.				Resident here.		
Sex.				If in an Insti- tution give name and location.		
Color.	White.	, [Negro or mixed	d.]	How long an Inmate.		
words not applicable.]			Chinese.	Previous Residence.		
Single, Married, Widowed or Divorced.				Father's Name.		
Occupation.				Father's Birthplace.	[State or Countr	у
Birthplace.				Mother's Name.		
How long in U. S. if foreign born.				Mother's Birthplace.	[State or Countr	у.]

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Full Name of Deceased,
Years. Months. Days.
Age
Sex
Single, Married, Widowed or Divorced,
Occupation,
Birthplace, (State or Country)
Color,
Father's Name,
Father's Birthplace,
Mother's Name,
Mother's Birthplace,
Place of Death.
How long a Resident here, Years. Months. Days How long in Years. Months. Days the United States if Years. Months. Days How long in Years. Months. Months.
Date of Death,
Reported by
Date,
Chief Cause of Death,
Certified by, M. Medical Attendant.
Buried at
By, Undertake
Residence,
This stub will not be received as a certificate of death.

MARGIN RESERVED FOR BINDING

County of	*******************************	STATE	of New	YORK-BURI	EAU OF VITAL STA	TISTICS
Town of.		-	Cartifie	ato and Roc	ord of Death	Registered No.
Village of			ה פו ווווף מ	ale allu lieu	old of pealli	
City of						
Full Name	e of Deceas	sed,				
I hereby c	ertify that I a	ttended decea	sed from	***************************************	19080	
					abouto'clock A.	
that to best	of my knowled	ge and belief,	the cause of	ofdeath u	vas as hereunder written.	Duration of Disease
Chief Cause	,					Address
Contributing	ζ cause,	***************************************		•		
Sanitary Ol	bservations,	*****************************				
	Wit	ness my hand	this	day of	190	
Place of Bus	rial,	**********************		(SIGNATURE),		
Date of Bur	ial,		******		***************************************	M . D.
Undertaker,	***************************************		000000	RESIDENCE,		
Residence,						
Date of Death.	Year.	Month.	Day.	Place of Death.		
Age, in years, mos. and days.				How long Resident here.		
Sex.				If in an Insti- tution give name and location.		
Color.	White.	[Negro or mixe	d.]	How long an Inmate.		
words not applicable.]			Chinese.	Previous Residence.		
Single, Married, Widowed or Divorced.				Father's Name.		
Occupation.		·		Father's Birthplace.	[State or Count	rys
Birthplace.				Mother's Name.		
How long in U. S. if foreign born.				Mother's Birthplace.	[State or Count	ry.]

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Full Name of Deceased,								
	Years.	Months.	Days.					
Age								
Sex								
Single, Marri	ied, Widowe	d or Divorce	1,					
Occupation,								
Birthplace,	Birthplace, (State or Country)							
Color,	************	****						
Father's Nan	ıe,		******					
Father's Birtl	hplace,			A				
Mother's Na	me,	******************						
Mother's Bir	thplace,							
Place of Deat	ih,							
How long a F	Resident here	Years. Month	Days. How lon the Uni	Led -	Days.			
Date of Deat	th,							
Reported by.								
Date,								
Chief Cause	of Death,	2 (p t) vor zi ta vor zi ta ta voi ta ta voi zi ta voi zi ta zi						
***************************************	•••••							
Certified by	*********************	•••••	Me	edical Attendant.	M. D.			
Buried at	7 A B B B A MA B B B B B B B B B B B B B		***************************************					
Ву	************************			, Undert	aker.			
Residence,								
This stub will not be received as a certificate of death.								

County of	***************************************	STATE	of New	YORK-BU	IREAU OF VITAL ST	ATISTICS
Town of		-	Certifica	ate and Re	ecord of Death	Registered No.
Village of			O OI (III) (ato una m	boold of bodill	
City of						
Full Name	e of Deceas	sed,				
1 hereby c	ertify that I a	ttended decea.	sed from		190 to	190
4						
					, abouto'clock	
that to best	of my knowled	ge and belief,	the cause of	fdeat).	h was as hereunder writte	22. Duration of Disease
Chief Cause		·				1
Contributing	g cause,					
Sanitary Ol	oservations,					
	Wit	ness my hand	this		290	
Place of Bus	rial,			(SIGNATURE),		
Date of Bur	ial,	************************	*****	**********		M. D.
Undertaker,	***************************************		******	RESIDENCE,		
Residence,						
Date of Death.	Year.	Month.	Day.	Place of Death.		
				i		
Age, in years, mos. and days.				How long Resident here.		
				If in an Insti-	and the second second	
Sex.				tution give name and location.		
Color.	White. Black, [Negro or mixed.] Indian.			How long an		
[Strike out words not applicable.]				Inmate.		
	Japanese. Chinese.		Previous Residence.			
Single, Married, Widowed or				Father's		
Divorced.				Name.	[State or Cou	intrvA
Occupation.				Father's Birthplace.		
Birthplace.				Mother's Name.		
How long in U. S. if foreign born.				Mother's Birthplace.	[State or Con	intry.]

Section 23. * * * * * * Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such corpse to be enclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

CHAPTER 138 OF LAWS OF 1897.

SECTION 22. * * * * * * The person making such certificate shall be entitled to the sum of twenty-five cents therefor, which shall be a charge upon, and paid by the municipality where such * * * death * * occurred.

The Law requires that the Certificate of a Death shall be returned and registered in the town, village or city where it occurs.

Note.—Certificates of Death and all Blanks are to be procured of City, Village and Town Boards of Health, as provided by the law for the Registry of Marriages, Births and Deaths.

This Certificate, when filled out, is to be registered without delay, and forwarded to the State Bureau of Vital Statistics, Albany, on or before the 5th of the next month.

Full Name of Deceased,							
Years. Months. Days.							
Age							
Sex							
Single, Married, Widowed or Divorced,							
Occupation,							
Birthplace, (State or Country)							
Color,							
Father's Name,							
Father's Birthplace,							
Mother's Name,							
Mother's Birthplace,							
Place of Death,							
How long a Resident here, Years. Months. Days. How long in the United States if foreign born. How long a Resident here, States if the long in the United States is the long in the United States in th							
Date of Death,							
Reported by							
Date,							
Chief Cause of Death,							
Certified by, M. D							
Buried at							
By, Undertaker							
Residence,							
This stub will not be received as a certificate of death.							

County of	**********************	STATE	OF NEW	YORK-BU	REAU OF VITAL STAT	ISTICS
Town of			Contific	ate and De	annual of Dooth	Registered No.
Village of			Lerunc	ate and Ke	ecord of Death	
City of					411	
Full Name	e of Deceas	sed,		***************************************	1	
I hereby c	ertify that I a	ttended deceas	sed from		190to	190
that I last s	awal	ive on the	***********	day of		thatdied
on the	************************	day of	*******************	190	., abouto'clock A. A	M. or P. M., and
that to best	of my knowled	ge and belief,	the cause	ofdeath	h was as hereunder written.	Duration of Disease
Chief Cause	,					
Contributing	g cause,	***************************************	***************************************	***************************************		
Sanitary Ol	bservations,					,
	· Wit	ness my hand	this	day of	190	
Place of Bus	rial,		*******	(SIGNATURE),		
	ial,			************		M. D.
Undertaker,	·····	********************		RESIDENCE,		
Residence,			*******			
	Year.	Month.	Day.	11		
Date of Death.		111 111 24		Place of Death.		
Age, in years, mos. and days.		THE PARTY		How long Resident here.		
Sex.	den von			If in an Institution give name and location.	dus some græghide	
Color.	White. Black, [Negro or mixed.] Indian.		How long an Inmate.			
words not applicable.]		Japa	Chinese.	Previous Residence.		
Single, Married, Widowed or Divorced.				Father's Name.		
Occupation.				Father's Birthplace.	[State or Country:]	
Birthplace.				Mother's Name.		
How long in U. S. if foreign born.				Mother's Birthplace.	[State or Countr	у.]

Section 23. * * * * * * * Every undertaker, sexton or other person having charge of any corpse, shall procure a certificate of the death and the probable cause duly certified by the physician in attendance upon the deceased during his last illness, or by the coroner where an inquisition is required by law, and if no physician was in attendance, and no inquest has been held or required by law, an affidavit stating the circumstances, time and cause of death, and sworn to by some credible person known to the officer granting the permit, and there shall be no burial or removal of a corpse until such certificate or affidavit has been presented to the local board or to the person designated by it, and thereupon a permit for such burial or removal has been obtained. When application is made for a permit to transport a corpse over any railroad or upon any passenger steamboat within the state, the board of health, or the officers to whom such application is made, shall require such corpse to be enclosed in a hermetically sealed casket of metal or other indestructible material, if the cause of death shall have been from a contagious or infectious disease.

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